



Nancy J. Horn
Commissioner of the Revenue
ROANOKE COUNTY

P.O. BOX 20409 – Roanoke, VA 24018-0513 Phone (540) 772-2050

Business License Application

Virginia State Code 58.1-3700 et. seq. / Roanoke County Code Chapter 10

☐ **_NEW** ☐ **_Address Change** ☐ **_Name Change**

Owner's / Corp Name _____
Federal ID # _____ S.S. # _____
Mailing Address _____
City/State/Zip _____
Phone Number: Home _____ Business _____ Fax _____
Email Address _____ Web Site _____
Business Trade Name _____
Physical Address _____ Zip _____
Nature of Business _____
Date Started at this Location _____ Estimated Gross Receipts _____
Trade Name Receipt Number _____
Virginia State Sales & Use Tax Number _____
State Contractor's Registration License Number _____

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Virginia Registered Agent Name _____
Agent's Address _____
List ALL Members or Corporate Officers _____

ROANOKE COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

Does this involve new construction or interior alterations? ____ yes ____ no
Has Certificate of Occupancy been issued? ____ yes ____ no
If using an existing building, does this involve a change of use of this building? ____ yes ____ no
If yes, what was the previous use? _____
If yes, has Certificate of Zoning Compliance been issued? ____ yes ____ no
Commercial Signage? ____ yes ____ no If yes, has sign permit been issued? ____ yes ____ no
Is a Health Department Review required? ____ yes ____ no If yes, Date of review _____

OFFICE USE ONLY:

(____) **ADDRESS VERIFICATION** TAX PARCEL # _____
(____) **APPROVED Business License – Complies with Zoning District** _____
(____) **APPROVED as a TYPE I Home Occupation with conditions** _____
(____) **APPROVED as a TYPE II Home Occupation with conditions** _____
(____) **NOT APPROVED** _____

Comments:

I agree to abide by the conditions of the Roanoke County Zoning Ordinance. Failure to do so may be grounds to revoke this permit or future permits issued for this business activity. I have received a copy of the Home Occupation Use and Design Standards (for Home Occupation permits only).

Applicant signature _____ **Date** _____
Planning and Zoning signature _____ **Date** _____